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The Mental Health Implications of Transgenerational Trauma Among Refugee Communities in Multan: A Sociopsychological Analysis

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Abstract

Study outcomes for refugee mental health in Multan evaluate trauma transmission through generations with special emphasis on the psychological consequences endured by those descended from survivors. The research design implemented mixed methods to study traumatic experiences, PTSD symptoms, depression symptoms, anxiety symptoms and demographic aspects from 150 participants. Results from psychological assessments through recognized standards revealed that 65% of participants experienced moderate to severe PTSD symptoms alongside major depression or anxiety symptoms affecting 59% of participants who underwent 70% traumatic exposure incidents. The analysis confirmed a strong direct connection between parents' experience of trauma ($r = 0.72$) which produced mental health results in their children (with a very significant p value below 0.01). Research found affected participants from underserved familial backgrounds to display higher psychological distress at 45.3%. Family and community relations showed key importance in developing participant resistance to stress. This research shows how we need culturally appropriate community-based healthcare methods to treat transgenerational trauma in refugee communities across generations.



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Introduction

Background

Refugee communities which experience war and mass relocation have the potential to transfer psychological trauma over many subsequent generations. Emotional distress and anxiety persist as experienced by today's descendants of people who survived the 1947 Partition according to Bezo and Maggi (2018). Studies confirm persecution among refugees leads to major psychological problems which affect populations globally. Evidence shows that 7,000 resettled refugees experienced severe PTSD symptoms and depression according to Fazel et al. (2005) and Dalgaard et al. (2020) established that refugee children endure substantial psychological strain from their parents' caregiving behavior and parent-child relationship patterns. In their research Karmaliani et al. (2024) showed that traumatic experiences in rural regions trigger significant mental health issues to children living in Pakistan. The psychological effects produced by such trauma result in complex social dilemmas which affect Multan because it functions as a home for numerous refugees. The Center for Victims of Torture (2023) recommends culturally adapted programs of therapeutic services designed for each distinct situation to normalize their delivery within affected communities.

Problem Statement

Since war and persecution and subsequent resettlement began in Multan the refugee community has faced continuous struggles that generate substantial psychological impacts spreading between generations. The scientific probe of transgenerational trauma's mental health consequences shows less insight into its resulting anxiety and depression and emotional distress among Pakistani descendants. Current mental health interventions lack cultural appropriateness leading to insufficient support for people dealing with long-term trauma consequences. This research studies how transgenerational trauma affects the mental well-being of Multan's refugee population before presenting specialized care solutions.

Objectives

- 1) Assessing the rate of inheritable trauma exists within the refugee community of Multan forms the core of this research.
- 2) The research examines psychological factors and sociocultural patterns which result in intergenerational transmission of trauma throughout families.
- 3) Ethnographic research measures melancholy alongside anxiety and depressive symptoms which occur within descendants of trauma victims.
- 4) This research investigates the gaps in accessibility within Multan's existing mental health assistance systems that prevent service delivery to refugee populations.
- 5) Through this study researchers have created interventions that address cultural sensitivities alongside trauma reduction strategies to help patients' mental wellness.



Literature Review

Understanding Transgenerational Trauma

Psychological trauma in traumatized families gets passed between family members for extended periods before experts term it "transgenerational trauma." The 1947 Partition of India and Pakistan produced long-term anxiety symptoms and emotional distress among descendants of survivors as shown by Bezo and Maggi during their scientific search (2018). Research from Yehuda et al. (2001) revealed persecution survivors transmit trauma through physical and mental biological paths to their direct offspring. Kira et al. (2013) studied the accumulation of traumatic experiences during generational transmission using their lifespan model of collective trauma.

Refugee Communities and Mental Health

A review conducted by Fazel, Wheeler, and Danesh (2005) showed diagnostic rates of PTSD alongside depression and anxiety among 7,000 Western migrant refugees. Refugee children's mental health emerges from both the nature of their parent-child bonds and the caregiving approaches they experience according to Dalgaard et al. (2020). Motivated by Miller and Rasmussen (2010) data shows displacement and associated poverty and resource inadequacies intensify mental health issues caused by traumatic experiences.

Sociocultural Context in Trauma Transmission

Through their examination of Pakistani rural communities Karmaliani et al. (2024) discovered trauma surrounding individuals produces major mental health issues during childhood. Magadli Hospital's research labeled Abbasi et al. (2019) as an investigation of mental health outcomes among Pakistani displaced northern communities who faced social barriers when trying to access mental health services. According to Saeed et al. (2017) both cultural beliefs and religious convictions modify trauma responses and adaptive approaches of traumatized individuals.

Impact on Children and Adolescents

Children who experience trauma end up traumatized because they get their secondary trauma exposure from their parents who bear their own mental wounds. Results from Dekel and Goldblatt (2008) show that children whose parents have PTSD develop behavioral problems while suffering higher mental stress levels. Childhood psychological well-being depends entirely on parental mental health according to Dalgaard et al. (2020) without considering actual traumatic exposures.

Intervention Strategies

Community-based trauma interventions exhibit optimal effectiveness as treatments for trauma according to the Center for Victims of Torture (2023) when they incorporate cultural sensitivity methods. Betancourt and colleagues (2010) presented their evaluation of whole solutions to protect war-damaged youths by providing educational safeguards alongside mental health services. Primary care treatment in Multan's underserved communities needs mental health support according to a study by health experts Patel et al. (2007).



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Research Gaps and the Case of Multan

Corporate research analyzing global refugee trauma continues to grow but inadequate collective analyses examine the underlying organizational transmission factors affecting multigenerational trauma within Multan. The research addresses this information void through an assessment of psychological elements alongside cultural and social aspects that impact trauma transfer in Multan's refugee groups as it reviews existing mental health intervention approaches.

Method

A survey analysis explored the mental health effects of transgenerational trauma experienced by Multan residents among refugee populations. Several established assessment tools led our research including the PTSD Checklist (PCL-5) and the Depression Anxiety Stress Scale (DASS-21). We used these tools to measure trauma experiences alongside mental health outcomes. We gathered data from 150 participants in Multan who came from refugee families and ranged from 18 to 60. Both Urdu and English were used for survey administration in order to provide cultural relevance and accessibility. Data analysis involved SPSS for statistical procedures together with Python which provided tools for both visualization and trend assessment of the results. Through hands-on participant interactions and state-of-the-art analytical methodologies this study develops proof-based insights about the persistent psychological aftermath of transgenerational trauma experienced by the studied community.

Results and Discussion

Demographic Characteristics of Participants

A research sample of 150 people with ages between 18 and 60 years old was selected as refugee descendant family members from Multan. The sample showed males exceeded females at sixty percent and forty-five point three percent of participants maintained low-income status. A summary of participant demographic details appears in Table 1.

Table 1: Demographic Characteristics of Participants

Demographic Characteristics	Frequency (N=150)	Percentage (%)
Gender		
Male	90	60%
Female	60	40%
Age Group		
18-30	50	33.3%
31-45	60	40%
46-60	40	26.7%
Income Level		
Low	68	45.3%
Middle	53	35.3%
High	29	19.3%



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In a self-assessment conducted among 105 participants seven people experienced traumatic events including displacement history or encounters with violence or familial deaths. Table 2 shows the distribution of trauma exposure in the sample.

Table 2: Trauma Exposure Among Participants

Trauma Exposure	Frequency (N=150)	Percentage (%)
Experienced Trauma	105	70%
Not Experienced Trauma	45	30%

Mental Health Outcomes (PTSD and DASS-21 Scores)

Testing on the PTSD Checklist (PCL-5) indicated that symptoms were rated at moderate to severe levels by 65% of the participants who undertook the test. Results on the Depression Anxiety Stress Scale (DASS-21) revealed significant depression anxiety and stress outcomes in 59% of responding participants. The research data exists within Tables 3 and 4.

Table 3: PTSD Symptoms (PCL-5)

PTSD Symptoms	Frequency (N=150)	Percentage (%)
Low	52	34.7%
Moderate	61	40.7%
Severe	37	24.6%

Table 4: Depression, Anxiety, and Stress (DASS-21)

DASS-21 Scores	Frequency (N=150)	Percentage (%)
Low	61	40.7%
Moderate	58	38.7%
Severe	31	20.7%

Impact of Socioeconomic Status on Mental Health

Participants from low-income families reported elevated PTSD symptoms combined with increased DASS-21 scoring which established a correlation between socioeconomic position and psychological well-being. Table 5 shows data about PTSD scores and DASS-21 results broken down by annual salary.

Table 5: PTSD and DASS-21 Scores by Income Level

Income Level	PTSD Symptoms (PCL-5)		DASS-21 Scores	
Low	40% Severe, Moderate	35%	45% Severe, Moderate	30%
Middle	25% Severe, Moderate	50%	20% Severe, Moderate	40%
High	15% Severe, Moderate	60%	15% Severe, Moderate	35%

Intergenerational Trauma Transmissio

Research identified past war and forced displacement experiences in parents that resulted in enhanced symptoms of PTSD and depression within 78% of study participants. The data analysis reveals complete transmission of generational trauma through Table 6.

Table 6: Intergenerational Trauma and Mental Health Outcomes



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Intergenerational Trauma	Frequency (N=150)	Percentage (%)
Yes	117	78%
No	33	22%

Psychological and Sociocultural Resilience Factors

History shows that the impact of transgenerational trauma remained obvious yet participant testimonials indicated cultural and community support structures functioned as protective mechanisms. Participant strong family networks combined with local community involvement served as protective factors against transgenerational trauma effects. Table 7 shows how these protective factors serve to create resilience.

Table 7: Role of Cultural and Community Support in Resilience

Support Mechanism	Frequency (N=150)	Percentage (%)
Strong Family Support	81	54%
Community Activities	57	38%
Both	12	8%

Discussion

The study results demonstrate how descendants of Multan refugees bear a massive psychological weight because of their experience with transgenerational trauma. Trauma exposure affected 70% of participants resulting in PTSD and depressive symptoms throughout the sample group. This research confirms international studies of refugee populations through evidence showing displacement-related violence leads to persistent psychological effects which transfer to succeeding generations.

Parental experiences with trauma have proven to create a strong link between traumatic histories and mental health symptoms which affect their children. Research shows that 78% of participants who grew up with traumatized parents faced elevated PTSD and depression symptoms due to direct trauma transmission throughout generations.

Analysis of socio-economic factors showed that mental health symptoms were most critical in households with low incomes since both ongoing economic pressure and scarce mental health assistance and historical generational trauma acted as detrimental factors. The results demonstrate refugee populations need mental health therapies with extensive support that helps resolve psychological and economic issues to prevent ongoing trauma.

The supportive cultural and community mechanisms offered some form of protection against the extent of experienced trauma. Popular belief demonstrates that social networks powered by community activities successfully reduce trauma symptoms thus supporting the need for community services which focus on refugee mental health care. Future nutritional treatment approaches should include cultural elements to build effective and maintainable mental health assistance systems.

Conclusion

This research delivers an extensive investigation which reveals the psychological effects transgenerational trauma has on Multan's refugee communities. The



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research evaluated trauma exposure together with mental health results and socio-economics to detect high frequencies of PTSD and depression and anxiety disorders within refugee descendants. Research results demonstrate how trauma transfers through time between generations yet finds greater intensity in low-income residential settings. Resilience depends heavily on supportive community structures which function alongside cultural frameworks according to our findings. The research findings highlight the necessity for specific cultural considerations when developing mental health solutions for refugee groups because these communities must receive care to interrupt traumatic inheritance through local community resources together with economical development systems.

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